PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

17853 USA

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			3 5					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			3 9 minus 20= *		* 19	19		X\$ 9=		OR	X\$18=	34L
IND	EPENDENT CL	AIMS	7 minus 3 = * 4					X42=		OR	X84=	336
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESÉNT /					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	1498
CLAIMS AS AMENDED - PART II											OTHER	THAN
	SERVICE CONTRACTOR OF STREET	(Column 1)		(Column 2) (Column 3)				SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	F CL AINA	=		X42=		OR	X84=	
	FINST PRESE	NTATION OF M	OLIPLE DEF	ENDEN	CLAIM			+140=		OR	+280=	
										OR	TOTAL ADDIT, FEE	
ADDIT. FEE											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X42=		OR	X84=	
	TINOTTRESE	INTAHON OF MI	OLIN LE DEI	LINDLIN	CLAIM	<u> </u>		+140=		OR	+280=	
							Ar Ar	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)					7.0011.122	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	М	X\$ 9=		OR	X\$18=	3555
	Independent	*	Minus	***	T () 4 14 4	-		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3,										OR	TOTAL	
*Arte	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											